

Foster Family Home - Deficiency Report

Provider ID: 1-090119

Home Name: Myung Suk Hiruko, CNA

Review ID: 1-090119-16

94-1002-B Kikepa Street

Reviewer: Maribel Nakamine

Waipahu HI 96797

Begin Date: 5/17/2024

Foster Family Home **Required Certificate** **[11-800-6]**

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

6.d.1- Unannounced visit made for a 3-bed annual inspection.

CCFFH met all requirements at the time of inspection.

Maribel Nakamine, RW 5/17/24
Compliance Manager Date
Myung Suk Hiruko 5/17/24
Primary Care Giver Date

5/17/2024 4:04:06 PM